

Case Number:	CM14-0182403		
Date Assigned:	11/07/2014	Date of Injury:	01/05/2008
Decision Date:	12/11/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 54 year old female with date of injury 4/11/2013. The mechanism of injury is stated as overuse. The patient has complained of neck pain, right wrist and elbow pain and right shoulder pain since the date of injury. She has been treated with physical therapy, medications and cervical epidural steroid injection (8/12/2014). MRI of the cervical spine dated 01/2014 revealed degenerative disc disease and facet joint disease at multiple levels, moderate neuroforaminal stenosis at C3-4, severe foraminal stenosis at C4-5, mild cord compression at C5-6 and bilateral neuroforaminal stenosis at C6-7. Objective: decreased and painful range of motion of the cervical spine, decreased sensation in the C6 dermatome bilaterally, positive Spurling's maneuver bilaterally. Diagnoses: brachial neuritis, cervicgia, cervical radiculopathy. Treatment plan and request: left C5-6 transforaminal epidural steroid injection with fluoroscopy x 1.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left C5-6 transforaminal epidural steroid injection under fluoroscopic guidance x 1:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: Per the MTUS guidelines cited above, the following criteria must be met for an epidural steroid injection to be considered medically necessary: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants) 3) Injections should be performed using fluoroscopy (live x-ray) for guidance 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. The available medical records do not include documentation that meet criteria (7) above. Specifically, there is no documentation of at least 50% pain relief after the first epidural injection performed on 8/12/14 and no documentation of significant functional improvement after the first injection. On the basis of the above MTUS guidelines and available provider documentation, epidural steroid injection of left C5-6 is not indicated as medically necessary.